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CONFIRMATION NO. 3294

|                             |                                       |              |                        |  |
|-----------------------------|---------------------------------------|--------------|------------------------|--|
| SERIAL NUMBER<br>09/885,332 | FILING DATE<br>06/20/2001<br><br>RULE | CLASS<br>703 | GROUP ART UNIT<br>2123 | ATTORNEY<br>DOCKET NO.<br>1391-24800 DJK |
|-----------------------------|---------------------------------------|--------------|------------------------|--|

APPLICANTS

Batakrishna Mandal, Missouri City, TX; ✓

\*\* CONTINUING DATA \*\*\*\*\* none TS 2/24/06

\*\* FOREIGN APPLICATIONS \*\*\*\*\* none TS 2/24/06

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 08/13/2001

|   |   |                        |                       |                              |
|---|---|------------------------|-----------------------|------------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | STATE OR<br>COUNTRY<br>TX   | SHEETS<br>DRAWING<br>5 | TOTAL<br>CLAIMS<br>16 | INDEPENDENT<br>CLAIMS<br>2 ✓ |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | Verified and Acknowledged<br>Examiner's Signature <i>Sam D. [Signature]</i> Initials TS |                        |                       |                              |

ADDRESS  
 23505  
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 HOUSTON, TX  
 77253-3267

TITLE  
 Acoustic logging tool having quadrupole source

|                                   |   |  |
|-----------------------------------|---|--|
| FILING FEE<br><br>RECEIVED<br>710 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____ |
|-----------------------------------|---|--|